

<b>REQUEST FOR CONTINUED EXAMINATION (RCE)</b>	Application Number	09/665,077
	Filing Date	September 19, 2000
	First Named Inventor	Michael CLIMO
	Group Art Unit	1631
	Examiner Name	Michael L. Borin
	Attorney Docket Number	7732-020-27 DIV

This is a Request for Continued Examination under 37 C.F.R. 1.114 of the above-identified application.

**1. Submission required under 37 C.F.R. 1.114**

a. ☒ Previously submitted

i. ☒ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on May 27, 2003. (Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief filed on \_\_\_\_\_.

iii. ☐ Other: \_\_\_\_\_.

b. ☐ Enclosed

i. ☐ Amendment/Reply

ii. ☐ Information Disclosure Statement (IDS)

**2. Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required).

b. ☐ Other \_\_\_\_\_.

**3. Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No. 50-1442.

i. ☒ RCE fee required under 37 C.F.R. 1.17(e).

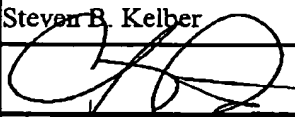
ii. ☒ Extension of time fee (37 C.F.R. 1.136 and 1.17).

iii. ☐ Other \_\_\_\_\_.

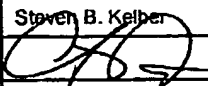
b. ☒ Check in the amount of \$ 440.00 enclosed.

**CORRESPONDENCE ADDRESS**

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Name:	Steven B. Kelber	Registration No.:	30,073
Signature:		Date:	October 7, 2003
Name:	Christopher W. Raimund	Registration No.:	47,258

<b>FEE TRANSMITTAL</b>						Docket No.		7732-020-27 DIV				
						Serial No.		09/665,077				
						Filing Date		September 19, 2000				
						Inventor(s)		Michael CLIMO et al.				
						Group Art Unit		1631				
TOTAL AMOUNT OF PAYMENT						\$440.00		Examiner		Michael L. Borin		
1. <input checked="" type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Charge any <b>UNDERPAYMENT</b> or credit any <b>OVERPAYMENT</b> in the indicated fees to Deposit Account No. 50-1442. <input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.						<b>FEE CALCULATION (continued)</b>						
						<b>3. ADDITIONAL FEES</b>						
2. <input checked="" type="checkbox"/> Check enclosed.						Large Entity		Small Entity		Fee Description		
						Fee Code	Fee (\$)	Fee Code	Fee (\$)			Fee Paid
<b>FEE CALCULATION</b>						1051	130	2051	65	Surcharge-late filing fee or oath		
<b>1. BASIC FILING FEE</b>						1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet		
Large Entity		Small Entity		Fee Description		1053	130	1053	130	Non-English Specification		
Fee Code	Fee (\$)	Fee Code	Fee (\$)							Fee Paid		
1001	770	2001	385	Utility filing fee		1251	110	2251	55	1-mo. ext. of time 55		
1002	340	2002	170	Design filing fee		1252	420	2252	210	2-mo. ext. of time		
1003	520	2003	280	Plant filing fee		1253	950	2253	475	3-mo. ext. of time		
1004	770	2004	385	Reissue filing fee		1254	1480	2254	740	4-mo. ext. of time		
1005	160	2005	80	Provisional filing fee		1255	2010	2255	1005	5-mo. ext. of time		
<b>SUBTOTAL (1)</b>							\$0.00	1401	330	2401	165	Notice of Appeal
<b>2. EXTRA CLAIM FEES</b>						1402	330	2402	165	Appeal Brief		
tot. claims*      -      20*      =      0      x      \$9      =      0						1403	290	2403	145	Request for Oral Hearing		
ind. claims      -      3*      =      0      x      \$43      =      0						1501	1330	2501	665	Utility/Reissue Issue Fee		
<input type="checkbox"/> Multiple Dependent Claims      \$145      =      0						1502	480	2502	240	Design Issue Fee		
						1504	300	1504	300	Publication Fee		
Large Entity		Small Entity		Fee Description		8001	3	8001	3	Advance Copy of Patent		
Fee Code	Fee (\$)	Fee Code	Fee (\$)			1460	130	1460	130	Petitions to the Commissioner		
1202	18	2202	9	Claims in excess of 20		1806	180	1806	180	IDS Submission		
1201	88	2201	43	Independent claims in excess of 3		8021	40	8021	40	Assignment recordation		
1203	290	2203	145	Multiple dependent claim, if not paid		1801	770	2801	385	For Filing RCE 385		
1204	84	2204	43	*Reissue independent claims over original patent		1814	110	2814	55	Terminal Disclaimer		
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent		OTHER (indicate below):						
<b>SUBTOTAL (2)</b>							\$0.00					
* or number previously paid, if greater; For Reissues, see above						<b>SUBTOTAL (3)      \$440.00</b>						

Name		Steven B. Kelber		Registration No.		30,073	
Signature				Date	October 7, 2003	Telephone	202-861-3900
Name		Christopher W. Raimund		Registration No.		47,258	